

04-16-01

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PTO/SB/05 (08/00)

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04/13/01

UTILITY PATENT APPLICATION TRANSMITTAL <small>Only for new nonprovisional applications under 37 CFR 1.53(b))</small>	Attorney Docket No.	17965-798
	First Inventor or Application Identifier	Matthew R. Selmon
	Title	Methods and Apparatus For Treating Vascular Occlusions
	Express Mail Label No.	EL682478122US

09/835043

APPLICATION ELEMENTS <i>See MPEP chapter 600 concerning utility patent application contents.</i>	ADDRESS TO: Commissioner for Patents Box Patent Application Washington, DC 20231
<div>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original, and a duplicate for fee processing)</i></div> <div>2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</div> <div>3. <input checked="" type="checkbox"/> Specification [Total Pages <u>75</u>] <i>(preferred arrangement set forth below)</i><ul style="list-style-type: none">- Descriptive title of the Invention- Cross References to Related Applications- Statement Regarding Fed-Sponsored R&D- Reference to sequence listing, a table, or a computer program listing appendix- Background of the Invention- Brief Summary of the Invention- Brief Detailed Description of the Drawings- Detailed Description- Claim(s)</div> <div>4. <input checked="" type="checkbox"/> Drawing(s) (37CFR 1.152) [Total Sheets <u>30</u>]</div> <div>5. <input checked="" type="checkbox"/> Oath or Declaration [Total Pages <u>40</u>]<div style="margin-left: 20px;"><div>a. <input type="checkbox"/> Newly executed (original or copy)</div><div>b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 17 completed) (8Sets; 5 pages each)</i></div><div>i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</div></div></div> <div>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</div>	<div>7. <input type="checkbox"/> Microfiche Computer Program <i>(Appendix)</i></div> <div>8. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i><div style="margin-left: 20px;"><div>a. <input type="checkbox"/> Computer Readable Copy</div><div>b. <input type="checkbox"/> Paper Copy (identical to computer copy)</div><div>c. <input type="checkbox"/> Statement verifying identity of above copies</div></div></div>

ACCOMPANYING APPLICATION PARTS
9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) <i>(copies from 09/149,874) (8 Assignments; 17 pages total)</i>
10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i>
11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i>
12. <input type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS Citations Statement (IDS) PTO-1449
13. <input checked="" type="checkbox"/> Preliminary Amendment
14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i>
15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i>
16. <input type="checkbox"/> Other: _____

17. If a **CONTINUING APPLICATION**, check appropriate box and supply the requisite information below and in a preliminary amendment.

☒ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No. 09/149,874

Prior application information: Examiner R. Lewis Group/Art Unit: 3731

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

18. CORRESPONDENCE ADDRESS					
<input checked="" type="checkbox"/> Customer Number or Bar Code Label <u>021971</u> or <input type="checkbox"/> Correspondence address below					
<i>(Insert Customer No. or Attach bar code label here)</i>					
NAME	Barbara B. Courtney				
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Name (Print/Type)	Barbara B. Courtney	Registration No. (Attorney/Agent)	42,442
Signature	<i>Barbara B. Courtney</i>	Date	<u>04-13-01</u>

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.

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**FEE TRANSMITTAL
for FY 2000***Patent fees are subject to annual revision.
Small Entity payments must be supported by a small entity statement,
otherwise large entity fees must be paid. See Forms PTO/SB/09-12.
See 37 C.F.R. §§ 1.27 and 1.28.***TOTAL AMOUNT OF PAYMENT** (\$) 1,020.00**Complete if Known**

Application Number	Not Yet Assigned
Filing Date	Herewith
First Named Inventor	Matthew R. Selmon
Examiner Name	Not Yet Assigned
Group/Art Unit	Not Yet Assigned
Attorney Docket Number	17965-798

METHOD OF PAYMENT (check one)

- 1.
- ☒
- The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number 23-2415 (Docket No. 17965-798)Deposit Account Name Wilson Sonsini Goodrich & Rosati☐ Charge Any Additional Fee Required
Under 37 CFR §§ 1.16 and 1.17

- 2.
- ☐
- Payment Enclosed:**

☐ Check ☐ Money Order ☐ Other**FEE CALCULATION (continued)****3. ADDITIONAL FEES**

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
105	130	205	65	Surcharge - late filing fee or oath	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	
116	390	216	195	Extension for reply within second month	
117	890	217	445	Extension for reply within third month	
118	1,390	218	695	Extension for reply within fourth month	
128	1,890	228	945	Extension for reply within fifth month	
119	310	219	155	Notice of Appeal	
120	310	220	155	Filing a brief in support of an appeal	
121	270	221	135	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,240	241	620	Petition to revive - unintentional	
142	1,240	242	620	Utility issue fee (or reissue)	
143	440	243	220	Design issue fee	
144	600	244	300	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Petitions related to provisional applications	
126	240	126	240	Submission of Information Disclosure Stmt	
581	40	581	40	Recording each patent assignment per property (times number of properties)	40.00
146	710	246	355	Filing a submission after final rejection (37 CFR 1.129(a))	
149	710	249	355	For each additional invention to be examined (37 CFR 1.129(b))	
Other fee (specify)				25 Request for Corrected Filing Receipt	
Other fee (specify)				55/110 Terminal Disclaimer	
* Reduced by Basic Filing Fee Paid					
SUBTOTAL (3)					(\$ 40.00)

1. BASIC FILING FEE

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
101	710	201	355	Utility filing fee	710.00
106	320	206	160	Design filing fee	
107	490	207	245	Plant filing fee	
108	710	208	355	Reissue filing fee	
114	150	214	75	Provisional filing fee	
SUBTOTAL (1)					(\$ 710.00)

2. EXTRA CLAIM FEES

Total Claims		Extra Claims		Fee from below	Fee Paid
35	-20** =	15	x	18	= 270.00
3	-3** =	0	x	80.00	= 0
Multiple Dependent					=

**or number previously paid, if greater; For Reissues, see below

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
103	18	203	9	Claims in excess of 20	
102	80	202	40	Independent claims in excess of 3	
104	270	204	135	Multiple dependent claim, if not paid	
109	80	209	40	**Reissue independent claims over original patent	
110	18	210	9	**Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)					(\$ 270.00)

SUBMITTED BYName (Print/Type) Barbara B. CourtneyRegistration No. 42,442
(Attorney/Agent)**Complete (if applicable)**Telephone 650-493-9300Signature Barbara B. CourtneyDate 05-13-01Customer No. 021971

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